

Adopting a specific sociological theoretical ‘lens’ of your choice critically explore one of the following contemporary issue of compassion fatigue in society

The sociological theoretical lens of functionalism has been chosen in this assignment and shall be put into perspective with the continuous issue of compassion fatigue. As a contemporary issue, compassion fatigue will be viewed as a whole not just one sector of health care, but health and social care workers at every level. Functionalism, as a structural philosophy and paradigm perceives the organisation of civilisation or social structure as more significant than the individuals within. Kuhn (1970) gave the term paradigm a contemporary meaning as it stands for a specific set of thought patterns or concepts, research methods, theories, and standards for what establishes valid contributions to a specific field or society. Psychologists propose that top down theories such as functionalism are observed beginning with the bigger picture of situations down to the most intricate details (Matland, 1995; Gregory, 1970). However, an overall lack of compassion within social and healthcare systems is ever present from the patients and healthcare professionals alike. Professionals self-care and compassion for patients can be implemented and trained through institutional policies (top-down) and compassion training (bottom-up) approaches (Brito-Pons and Librada-Flores, 2018).

Functionalism is demonstrated in the following example, citizens are born into civilisation and develop into the product of the social influences surrounding them. They become socialised by numerous institutions such as education, family, religion and media, therefore leading to a theorised ‘social equilibrium’ (Fararo, 1993; Durkheim, Lukes and Halls, 1982). There are a few types and impacts of functionalism by different theorists’ views, these shall be explored within this document to seek understanding as to whether it contributes to the ever-growing issue of compassion fatigue.

Functionalism is based upon society being a system necessitating an amalgamation of social institutions such as the NHS for example, in order to function (Sato, 2011; Welch, 1985; Fletcher, 1956). This shows that functionalism is still relevant today as civilisation needs these institutions to stay functioning in a systemic lawful manner. It is important to note that it is the individuals themselves who suffer from compassion fatigue, not the institutions. Employees must be cared for in order to have the ability to affectively care for others. Theorists pursue to explain the presence of social institutions in accordance to the responsibility they implement for civilisation. Functionalists summarise functional prerequisites within society as the key to what civilisation necessitates in order to survive. Sociologists such as Davis and Moore (1967) and Murdock (1949) believe that prerequisites such as social stratification can be easily recognised in all types of societies, although they can vary. Marion Levy (1955) argues that prerequisites are factors which keep society surviving, without them civilisation can no longer exist due to circumstances where society is destroyed for example, world war. They are important parts of society such as reproduction and that every occupation that is undertaken is causative to contributing to the whole of civilisation (Levy, 1965). Maslow (1943) developed his 'Hierarchy of Needs' which contained some functional prerequisites, but also had an anti-positivist compilation of other needs focusing on individuals not just society.

Comte's (1830) worked on functionalist views and theories within society combined with positivism. As the founder of positivist methodology, Comte (1830) defines this theory as system of study that is objectively measured and based upon facts. Thus, believing that sociological matters must be clarified through scientific evidences. This makes it probable to identify issues within society and allows room for improvement within law and instituting new legislation (Comte and Lenzer, 1975; Comte and Kreis, 1830).

It was Durkheim (1895) who continued work as a structuralist and positivist who considered sociology as a science. He used Comte's theories within his own work. Durkheim's studies suggest that he disagrees with empathy and social action theories (Durkheim et al., 1964). Durkheim presented the awareness of social facts; these are external to citizens but affect them in a coercing way. Examples of this include laws, as they do not outrightly affect citizens in society but, they do help to prevent certain lawless behaviours from occurring. Law and order

are the keys to keeping societal balance and are a form of social control (Johnson and Falcetta, 2019; Hendry, 1999; Fuller, 1975). Talcott Parsons (1965) agrees with one of Durkheim's views, signifying that social control in civilisation is not only fear, but implies that citizens have moral limitations. Thus, showing that a specific amount of agreement is formulated on what society wants, therefore basing rules around this. Every civilisation stays functional due to this morality as it is constructive. However, social consensus integration and order are the main principles of functionalism. This is due to society having shared values with citizens who have common goals and conform, therefore rendering conflict minimal.

Parsons (1931, 1951) claims that civilisation is the way it is due to how dependant and interconnected social structures are. He argues that society is a social system that has four basic functional prerequisites these are; adaption, goal attainment, integration and pattern maintenance. Adaption states the relationship amongst the system and its environment, for survival shelter and food must be available for social systems. Goal attainment states the necessity for all civilisations to set goals for the social activity, which is directed for instance, political systems. This also could refer to the targets set by the NHS for waiting times in A & E as health care workers are put under pressure to meet these goals which is often not possible. Integration refers to the adjustment of conflict. These prerequisites must be in place for society to successfully function. Pattern maintenance states that patterns of values are maintained within the civilisation this includes, educational systems, family and religion (Potts et al., 2014; Hessling and Pahl, 2006). Parsons believes that the origin of all societies, values and justify norms is religion. However, this may not be the same mentality for non-religious citizens in society today.

As Parsons (1951) has stated his four basic functional prerequisites, it is interesting to note how difficult it may be to achieve these effectively when a citizen has burn out. Compassion fatigue more commonly known as 'burnout' is frequently described as a state of emotional, mental and physical exhaustion triggered by a reduction of ability to deal with one's normal environment. This is a consequence of powerlessness, inability to achieve work goals and frustration (Valent, 2002). It is commonly linked with professionalism within health and social care sectors. This is due to the desire to perform at a perfected rate all the time, especially in terms of the

achievement ethics of functionalism (Louw, 2015). Dr. Charles Figley (2013) believes that compassion fatigue is experienced by individuals who help others in distress, and through doing so creates a secondary traumatic stress (STS) for the ‘helper’. Currently, studies confirm that health and social care workers are on the brink of burnout. Statistically, 70% of workers in the social care field show signs of STS and a staggering 55% have indications of core post-traumatic stress disorder (PTSD) (Gaille, 2019, Hall, 2009, Bride, 2007). Figley created the Compassion Fatigue Process model. This explains the process of how emotional disinterest takes place with the loss of sympathetic feelings. Thus, resulting in the health or social care worker becoming disconnected from the client’s anguish.

In consonance with Figley’s model, the ‘helper’ begins with an exposure to suffering and must have concern and feel driven to respond, showing empathetic ability when they observe that the client or receiver of care is suffering (Figley and Roop, 2006). As helpers have the response of empathy, joined with an inability or reluctance to emotionally disengage from the caregiving state of affairs, the feelings of satisfaction may become absent (Day and Anderson, 2011). The helper then progresses towards compassion stress, along with being compiled with prolonged exposure to suffering and traumatic memories. This alongside other life demands therefore, results in compassion fatigue (Figley, 2002). In comparison with Parsons (1951) four functionalist prerequisites, it appears to be a different view upon workers within society. As the prerequisites aspire more towards a successful society in a seemingly achievable manner, however, civilisation may not continue to run according to plan if a high percentage of citizens are on burn out. Maslow’s (1943) hierarchy of needs demonstrates the systemic levels of how individuals can reach the desirable level of self-actualisation. An individual is unable to attain the functionalist goals of societies needs, if they are consistently fighting an inward battle of burnout and unable to even climb up past the necessary level of basic needs, which is at the bottom of Maslow’s hierarchy.

The issues faced by many individuals in today’s society within the health and social care sector are alarmingly vast and apparent. Due to a large percentage of compassion fatigue becoming interwound directly within the nature of the healthcare sector. This demonstrates that social functionalist accounts of emotions may need to be reconsidered (Keltner and Haidt, 1999; Sell

et al., 2009). The general experience of the physical and emotional burnout healthcare professionals receive, has developed from the continuing use of empathy when dealing with clients who are suffering themselves (Newell & MacNeil, 2010). Research shows that burnout increases when a social or healthcare worker realise that a client is deteriorating (Corcoran, 1987). The overwhelming pressures healthcare workers face with ever growing demand of clientele multiplying, compared to the professional working individuals needed to cater for the capacity and rising public expectations (Aiken et al., 2012).

The functionalist lens does not cater for these issues, as they focus upon growing society successfully under systemic views. It appears that functionality through Parsons (1951) prerequisites, is giving workers within the care industry more punishments than rewards for having goal directed behaviours (Keltner and Haidt, 1999). This compared to Maslow's (1943) Hierarchy of Needs theory, that shows the needs that must be met to reach sense of self achievement and the ability to obtain goals. The hierarchy focuses on the individual more than institutions to create a successful society in a matter of achievable steps. Functionalism seems to contradict Figley's (2002) compassion fatigue model also as lack of self-satisfaction due to the pressures for goal achievement from employment eventually leads to compassion fatigue.

However, there is legislation in place to potentially support those at risk and to cater for the individuals within society. Over the years mental health and general well-being has become a more understood as an outstanding issue. The Well-being of Future Generations (Wales) Act 2015 aims ensure a healthier more resilient future for everyone within Wales. This has aspects of functionalism within due to the focus of 'a prosperous society for now and the future' (Legislation.gov.uk, 2019). The legislation claims to cater for the mental and physical well-being of citizens. Gruffydd (2015), a Welsh Plaid Cymru politician argues that the legislation is 'a waste of paper' and has 'gaping holes' indicating that the bill may be flawed. This is due to main sections of the bill being voted out and the new sections becoming rejected to substitute them. Controversy over the practicality of the bill and how it could be put into practice was questioned from the beginning (BBC News, 2015). More recently governors of the act have impressed that public bodies such as the health service need to adhere to the act 'more

systemically' for it to prosper (Dickins, 2019). Thus, going back to the previous point of following a functionalist lens within health and social care.

Individuals mental health and wellbeing are still under pressure even with the Well-being of Future Generations (Wales) Act 2015 legislation in place. Research shows that this is the main policy in place to support caregivers. However, some institutions such as the NHS, have put other policies in place to try combat the issue of compassion fatigue. A volunteer ran initiative called Mindful Employer, investigates the recovery of effected staff and offers workers training on mental health issues (Dpt.nhs.uk, 2019). Policy and legislation alone are not enough to protect citizens within the healthcare sector, self-awareness is important in this aspect. Caregivers can use self help methods to help tackle the issues by becoming aware of the symptoms and signs of burnout/compassion fatigue. In doing so they may be able to recognise signs in their colleagues. Some emotional symptoms are feeling overwhelmed, powerless, sad, anxiety, angry, insensitivity or hypersensitivity, and numbness. Physical symptoms present themselves as nightmares, being tense, dizziness and nausea. There are also cognitive symptoms such as overthinking, difficulty in focusing, constant self-blame, dwelling, loss of concentration and the inability to make decisions. Also, behavioural symptoms become apparent such as relationship conflicts, less pleasure in activities that were once enjoyable, substance misuse and low work satisfaction (Kamkar, 2019; Mathieu, 2007; Stamm, 1999; Figley, 1995).

Caregivers must be aware of their personal mental health, thoughts physiological changes and feelings when caring for clients. It is important for workers of the health and social care sector to set realistic expectations, still to a functionalist level, but with self-appreciation and positivity. Descriptions such as 'negative' or 'positive' may need revaluating within the workplace, to become substituted with the functionality of a specific emotion due to its true meaning. This regarding the actual situation behind the worker expressing the emotion originally, which in many areas of employment is overlooked (Lindebaum and Jordan, 2012). Consequently, many workers are advised to overturn 'negative' emotions and be 'positive' in order to fit in with the institution's expectations (Lindebaum, 2012). Notwithstanding evidence

that emotions can explain more than what appears at face value and is an important social and individual function (Keltner and Haidt, 1999).

Psychologist Frijda (2007) through a functionalist perspective claims, that the concept of a truthfully 'negative' emotion is merely a myth than reality. Frijda believes that any emotion is a potential adaptive state of action readiness, morphing into what it needs to be for the circumstance. Professor in the faculty of human sciences, Julie Fitness (2008) states that negative emotions sometimes have destructive consequences, but not always. For example, sadness has been branded as a negative emotion (Tiedens, 2001), but it can give others the judgment of how a worker is feeling, therefore offering an opportunity for support and understanding. This is most convenient when a caregiver has experienced loss of a client, sharing this information with others may lighten the emotional burden (Solomon, 1993). Pain, suffering and death are natural life progressions, clients and workers do not always have control over these even within an expectant society of functionalist resilience. Self-care is the key to prevent compassion fatigue, resilience can be built without closing all emotions and connections with clients or colleagues (Ollu, 2019). Although, Figley (1995) states that there is a 'cost of caring' by 'bearing the suffering of clients' it is hard to detach from client's trauma and suffering.

Compassion fatigue does have a counterbalance, it is known as compassion satisfaction. The previous statistic of 70% of health and social care workers having compassion fatigue symptoms signposts, to the theory of the workers being in the compassion satisfaction phase at the beginning of their career, but not able to obtain it throughout. However, the sense of achievement the workers once felt within their careers begins to deteriorate. This leaves the caregiver in need of finding their satisfaction once more. Having the knowledge of how to prevent compassion fatigue in the first instance, may aid workers to stay within the compassion satisfaction phase for a longer period of time within their career (Gaille, 2019, ProQOL, 2019, Hall, 2009, Bride, 2007). Due to more personalised theory's becoming developed over the years, that think of the individual's mental health and well-being rather than the institutions within society first, this demonstrates that functionalism has been consistently in decline. In the 1940-1950s structural functionalism grasped its highest influence, although, by the 1960s

it was rapidly declining (Coakley and Dunning, 2000). In Europe by the 1980s, functionalism has been replaced by conflict orientated methods (Slattery, 2003) and lately by structuralism (Giddens, 1986).

Referring to the main research within this paper, society cannot be built without its citizens, if the population are in consistent burnout the balance within civilisation, sectors and care could deteriorate. Legislations and policies may be in place to help with the balance, but single pieces of legislation compared to the vast population in detriment, may not be enough currently to stop the continuous issues that affect health and social care workers today. Functionalism in some respects is essential to help society function systemically with achieving a form of law and order, but arguably needs to be revisited and adapted to the consistent pressures of overpopulations and pressures within todays civilisations. From the ever changing and developing society health and social care workers reside in, functionalism struggles to keep up. Functionalist views seem outdated, but still valid within society today.

Compassion fatigue is an on-going issue which many theorists have researched into, but still have not managed to change the extent of its effects on the workers in this day in age. It is down to the individuals themselves to become more aware of the current situations and to look after themselves. Institutions try to put policies in place to help, but if the people are not following protocol or are genererally turning a blind eye to those in state of burnout, society will not systemically progress. Civilisation may continue to deteriorate as institutions are not living and breathing beings, however, the people are. Without them in a healthy state society can not function to its expected manner due to those with political power. Self-awareness and societal help are the key, it is the individual's choice in what employment route they stay in or leave. However, many feel the pressures of high expectations and feel the need to help every client then can, even at their own personal expense. When the worker then becomes to ill to work or must retire from employment due to burnout, they are forgotten, the next worker is hired and so, the cycle begins again.

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